

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          | CL     | 6/24    |
| O.I.P.E. CLASSIFIER |          |        | 7-13-99 |
| FORMALITY REVIEW    | CL       | 109116 | 7-13-99 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
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| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | ✓    |
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| 29             | ✓    |
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| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
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| 42             | ✓    |
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| 47             | ✓    |
| 48             | ✓    |
| 49             | ✓    |
| 50             | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
staple to this slip.

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